

<b>Case Number:</b>	CM15-0144091		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on June 6, 2003. The injured worker was diagnosed as having cervical spondylosis without myelopathy, cervical postlaminectomy syndrome, chronic pain syndrome, and intractable migraine variants. Treatments and evaluations to date have included MRI, cognitive behavioral therapy (CBT), and medication. Currently, the injured worker reports neck pain, intermittent and non-radiating. The Treating Physician's report dated July 2, 2015, noted the injured worker rated her pain as the least at 8 and the worst a 9, decreased by medication. The Physician reported the injured worker had no reported current medications. Physical examination was noted to show tenderness to palpation of the cervical paraspinal muscles, left decreased bicep reflexes and left decreased Hoffman reflex. The treatment plan was noted to include Ibuprofen, education regarding a home exercise program (HEP), and the injured worker was encouraged to maintain a pain diary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Relyyxs patch 5%-4%, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** Regarding request for Relyyxs patch (Methanol and Lidocaine) 5%-4% Qty 90, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. MTUS guidelines do not specifically mention methanol in the topical form. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Relyyxs patch. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Relyyxs patch 5%-4%, #90 is not medically necessary.